

**APPLICATION FOR RENEWAL
COMMERCIAL BUSINESS LICENSE**

CITY OF BOUNTIFUL
790 South 100 East - P. O. Box 369
Bountiful, UT 84011-0369
Phone: 298-6190

**Please Complete All Items - Incomplete Forms Will Be
Returned Without Being Processed**

FOR OFFICE USE ONLY:

Date Rec'd _____ Receipt No. _____
Approved by _____
Calendar Year _____ License No. _____

1. NAME OF BUSINESS _____

(If corporation, list principal officers on reverse side) (If nature, location, name or ownership of business changed during past year, complete reverse side)

2. UTAH STATE SALES TAX NO. _____ **Federal Tax #** _____ **State License #** _____

3. Bountiful Business Address _____ **Telephone No.** _____

Mailing Address (if different than Business Address) _____

City & State _____ Zip Code _____

Type of Business _____

(Be specific - Use reverse side if necessary)

If business consists of rentals, including multi-family and commercial, please list all rental addresses on reverse side.

3. OWNER'S NAME AND HOME ADDRESS

Name _____ Name _____

Street _____ Street _____

City & State _____ City & State _____

Zip Code _____ Telephone No. _____ Zip Code _____ Telephone No. _____

4. MANAGER'S NAME _____ **Telephone No.** _____

5. LICENSE FEES: (Make check payable to *City of Bountiful*)

A. BASE FEE \$ 50.00

B. If gross sales of goods and/or services for preceding year were less than \$20,000.00, deduct \$25.00. (\$ _____)

C. FULL-TIME EMPLOYEES: add \$5.00 for each full-time employee *exceeding one*. An owner and/or manager is considered as an employee. _____ full-time employees less one equals _____ times \$5.00 = \$ _____

D. PART-TIME EMPLOYEES: add 10 cents per hour times the *total* number of hours which all part-time employees would work in an average week's time. _____ total average weekly part-time hours times 10 cents per hour = ... \$ _____

E. If business consists of rentals, including commercial and residential, add \$3.00 for each rental unit exceeding three (3):
_____ total units times \$3.00 = \$ _____

F. SUB-TOTAL (not to exceed \$500.00) \$ _____

G. PENALTY: Add 25% of Line "F" if paid after February 15 \$ _____

Add 50% of Line "F" if paid after March 31. \$ _____

_____ Add 100% of line "F" if paid after June 30 \$ _____

H. TOTAL DUE \$ _____

6. I DECLARE THAT THE INFORMATION SET FORTH HEREIN (or attached) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT _____ Date _____

All licenses expire December 31st of the year issued

IF THE NATURE, LOCATION, NAME OR OWNERSHIP OF YOUR BUSINESS HAS CHANGED IN THE PAST YEAR, PLEASE COMPLETE THE FOLLOWING:

Previous Name_____ Previous Owner_____

Previous Location_____ Previous Nature of Business_____

Use This Space for Additional Explanations and/or Information From Front Side: